POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*XB*		10-12.01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*fa*	720	10-26-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date										Claim		Date										Claim		Date									
Final	Original	8-4-03	4-18-04									Final	Original												Final	Original										
	1												51													101										
	2												52													102										
	3												53													103										
	4												54													104										
	5												55													105										
	6												56													106										
	7												57													107										
	8												58													108										
	9												59													109										
	10												60													110										
	11												61													111										
	12												62													112										
	13												63													113										
	14												64													114										
	15												65													115										
	16												66													116										
	17												67													117										
	18												68													118										
	19												69													119										
	20												70													120										
	21												71													121										
	22												72													122										
	23												73													123										
	24												74													124										
	25												75													125										
	26												76													126										
	27												77													127										
	28												78													128										
	29	✔	✔										79													129										
	30	✔	✔										80													130										
	31												81													131										
	32												82													132										
	33												83													133										
	34												84													134										
	35												85													135										
	36												86													136										
	37												87													137										
	38												88													138										
	39												89													139										
	40	✔											90													140										
	41	✔											91													141										
	42	✔											92													142										
	43	✔											93													143										
	44	✔											94													144										
	45												95													145										
	46												96													146										
	47												97													147										
	48	✔	✔										98													148										
	49	✔	✔										99													149										
	50	✔	✔										100													150										

If more than 150 claims or 10 actions
staple additional sheet here

544
9/26/01

(LEFT INSIDE)